

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4063AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/22/2009 |
| NAME OF PROVIDER OR SUPPLIER ANGELS HOUSE ADULT CARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 5496 TAMARUS STREET LAS VEGAS, NV 89119 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on June 22, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for nine (9) Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 6 residents. Six (6) resident files were reviewed and four (4) employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of "C". The following deficiencies were identified: | Y 000 | | |
| Y 105 SS=D | 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility failed to ensure 1 of 4 caregivers met background | Y 105 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 105 | Continued From page 1 check requirements (Employee #3). This was a repeat deficiency from the 9/17/08 State Licensure survey. Severity: 2 Scope: 1 | Y 105 | | |
| Y 175 SS=F | 449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview on 6/22/09, the facility failed to ensure the premises of the facility was kept free from hazards. Findings include: 1. There was a broken window with sharp edges exposed located in the immediate vicinity of the resident's smoking area. The resident's smoking area was located in the back of the facility on the covered patio area. 2. There were two large holes observed in the roof of the facility's covered patio area. 3. In the facility's backyard, alongside the walkway was an oversized tree which had branches that impeded the walkway path. Severity: 2 Scope: 3 | Y 175 | | |

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| Y 444 | Continued From page 2 | Y 444 | | | |
| Y 444 SS=D | <p>449.229(9) Smoke Detectors</p> <p>NAC 449.229</p> <p>9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility did not ensure smoke detectors were maintained in proper operating conditions.</p> <p>Findings include:</p> <p>The smoke detector in bedroom #3 did not emit an audible sound during testing. The facility's documentation revealed that smoke detectors were last tested on 5/20/09.</p> <p>This was a repeat deficiency from the 9/17/08 State Licensure survey.</p> <p>Severity: 2 Scope: 1</p> | Y 444 | | | |
| Y 693 SS=A | <p>449.2712(2) Oxygen-Caregiver monitor resident ability</p> <p>NAC 449.2712</p> <p>2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall:</p> <p>(a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician.</p> <p>(b) Ensure That:</p> <p>(1) The resident's physician evaluates</p> | Y 693 | | | |

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| Y 693 | <p>Continued From page 3</p> <p>periodically the condition of the resident which necessitates his use of oxygen;</p> <p>(2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored;</p> <p>(3) Persons do not smoke in those areas where smoking is prohibited;</p> <p>(4) All electrical equipment is inspected for defects which may cause sparks.</p> <p>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>(6) The equipment used to administer oxygen is in good working condition;</p> <p>(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and</p> <p>(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 6/22/09, the facility failed to ensure signs which prohibits smoking and notify persons that oxygen was in use was posted in 1 of 9 bedrooms where oxygen was in use or being stored (#3).</p> <p>Severity: 1 Scope: 1</p> | Y 693 | | | |

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| Y 859 | Continued From page 4 | Y 859 | | | |
| Y 859 SS=E | <p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility failed to ensure that 2 of 6 residents received an annual physical (Resident #2, #4).</p> <p>This was a repeat deficiency from the 9/17/08 State Licensure survey.</p> <p>Severity: 2 Scope: 2</p> | Y 859 | | | |
| Y 870 SS=F | <p>449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and</p> | Y 870 | | | |

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| Y 876 | Continued From page 6 caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility failed to ensure that an ultimate user agreement was obtained for 3 of 6 residents (#1, #3, #5). This was a repeat deficiency from the 9/17/09 State Licensure Survey. Severity: 1 Scope: 3 | Y 876 | | | |
| Y 895 SS=C | 449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. | Y 895 | | | |

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| Y 895 | <p>Continued From page 7</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 6/22/09, the facility failed to maintain an accurate record of medications administered to 4 of 6 residents (#1, #2, #3 & #5).</p> <p>Findings include:</p> <p>Review of the facility's medication administration record revealed that 4 of 6 resident's medications had not been initialed on the MAR, indicating medications were actually administered on 6/18/09 through 6/22/09.</p> <p>Interview with Employee #3 indicated that the medications were administered but she did not have the time to document the MAR.</p> <p>Severity: 1 Scope: 3</p> | Y 895 | | |

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